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FORM D

PROCESSED

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THOMSON REUTERS

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number:	3235-0076					
Expires;						
Estimated average burden						
hours per respon	se16.00					

SEC USE ONLY							
Prefix		Serial					
	L						
DA	TE RECEIVE	ED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	· · · · · · · · · · · · · · · · · · ·
A. BASIC IDENTIFICATION DATA	ระคาง 2008
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Mankiller Project, LLC	Washington, DC 1011
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
301 S. Muskogee Avenue, Tahlequah, Oklahoma 74464	713-522-2472
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
To finance, produce, and distribute a feature-length motion picture.	
Type of Business Organization corporation	lease specify): by company 08059423
Month Year Actual or Estimated Date of Incorporation or Organization: OTT OTS Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Jean State		A. BASIC ID	ENTIFICATION DATA		Santa Carlotta Carlot
2. Enter the information re	quested for the fo	llowing:			
 Each promoter of t 	he issuer, if the iss	suer has been organized w	vithin the past five years;		
Each beneficial ow	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
			corporate general and mai		
		f partnership issuers.	-		· ,
<u> </u>					
Check Box(es) that Apply:	l'romoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Mankiller, Wilma	f individual)				
Business or Residence Addre 301 S. Muskogee Avenu		Street, City, State, Zip Cooklahoma 74464	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Kiehl, Kristina	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
301 S. Muskogee Avenue	, Tahlequah, Ol	dahoma 74464			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Kelly, Tim	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
301 S. Muskogee Avenue	, Tahlequah, O	klahoma 74464			
Check Box(es) that Apply:	Promoter	✓ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Smith, Kyle	f individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Address 301 S. Muskogee Avenu	•	Street, City, State, Zip C Oklahoma 74464	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		**
	(Use bla	ink sheet, or copy and use	additional copies of this s	sheet, as necessary)	

		n garage	3 4		В. П	FORMATI	ON ABOU	T OFFERI	NG 1	\.\			4,-,.,
1.	Hac the	issuer sold	l, or does th	e issuer in	stend to sel	I to non-n	credited is	nvestore in	this offeri	ng?		Yes	No
1.	mas inc	issuer sord	i, or does a			Appendix,				_			R
2.	What is	the minim	um investm			• •		_			***************************************	\$_25,000.00	
												Yes	No
3.			permit joint										
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ion request ilar remuner ted is an ass ime of the bi you may se	ation for s ociated pe roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok ore than five	rs in conne er or deale: : (5) person	ection with r registered as to be list	sales of sec I with the S ed are asso	urities in tl EC and/or	he offering. with a state		
Fu	l Name (1	Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	ip Code)	·			·		
Na	me of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers	<u>-</u>					
514			" or check									☐ All	l States
	AL	AK	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ID
	(IL)	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NI	NM	NY	NC	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	ll Name (Last name	first, if indi	vidual)					- - · ·				·
Bu	siness or	Residence	Address (N	Jumber an	d Street, C	ity, State,	Zip Code)						
Na	me of As	sociated Bi	oker or Dea	aler		- -					<u> </u>		 .
Sta	ites in Wh	nich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)		***************************************		******************************	••••••		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HĪ	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MÖ
	MT)	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
<u></u>			first, if ind										
ru	ii ivaille (Last name	msi, n ma	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)		·	-			
Na	me of As	sociated B	roker or De	aler							 		
Sta	ates in Wi	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers			·			
	(Check	"All State:	s" or check	individual	States)				••••••	***************************************		□ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN NE	IA	KS	KY NU	LA NM	ME NY	MD	MA ND	MI OH	MN OK	MS OR	MO PA
	MT RI	NE SC	NV SD	NH TN	NJ TX	UT	VT	NC VA	WA	ŴV	WI	WŸ	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		
	Common Preferred		· · · · · · · · · · · · · · · · · · ·
	Convertible Securities (including warrants)	\$	s
	Partnership Interests	•	
	Other (Specify Class B Units)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		<u>*</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	1	\$_25,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	
			\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_25,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	n	\$
	Other Expenses (identify)		\$
	Total		\$ 25,000.00

and total expenses furnished in response to Pa	ate offering price given in response to Part C — Que art C — Question 4.a. This difference is the "adjuste	ed gross	\$9,975,000.00
each of the purposes shown. If the amoun	ross proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimated total of the payments listed must equal the adjusted to Part C — Question 4.6 above.	ate and	
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	***************************************	75,000.00	□\$
Purchase of real estate			s
Purchase, rental or leasing and installation and equipment	of machinery		กร
	and facilities		
Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger)	the value of securities involved in this the assets or securities of another		
Repayment of indebtedness		2 \$ 150,000.00	
Working capital	## 411 43 8 7 7 7 6 1 7 6 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		□\$
			\$ 35,000.00
-	<u>· </u>		
Column Totals	······································	s 350,000.00	\$ 35,000.00
	ed)		35,000.00
The issuer has duly caused this notice to be signo ignature constitutes an undertaking by the issue	d by the undersigned duly authorized person. If the er to furnish to the U.S. Securities and Exchange non-accredited investor pursuant to paragraph (b	is notice is filed under Ru Commission, upon writte	le 505, the following
ssuer (Print or Type)	Signature	Date	
Mankiller Project, LLC	Firstino Field	August 29, 2006	3
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Idstina Klehl	Manager		<u>,</u>

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	Νo
provisions of such rule?		X

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has road this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Mankiller Project, LLC	Austria Ruhl	August 29, 2008
	Title (Print or Type)	
Kristina Kiehl	Manager	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

,	APPENDIX											
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	e of security d aggregate ring price red in state Type of investor and red in state Type of investor and red in state		Type of investor and amount purchased in State						
State	Yes	No		Number of Accredited Non-Accredited Investors Amount Investors Amount			Amount	Yes	No			
AL												
AK												
AZ							·					
AR												
CA		×	Class B Units;	1	\$25,000.00				×			
СО												
СТ												
DE												
DC												
FL												
GA												
н												
ID												
IL												
IN			_									
IA												
KS												
KY												
LA												
ME												
MD												
MA												
Ml												
MN												
MS												

APPENDIX 2 3 4 1 5 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors Yes No State Amount Amount MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RISC SD TN TX UT VT VAWA wv WI

100000	APPENDIX										
ı		2	3 Type of security		4				5 Disqualification under State ULOE		
	to non-a	to sell ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			(if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											